

P06000050033

(Requestor's Name)

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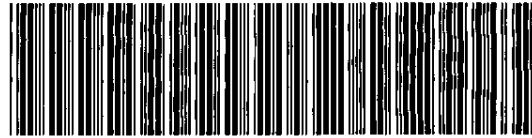
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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10 DEC 20 AM 8:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

November 10, 2010

LORELIE LEBRUN  
LORELIE LEBRUN PA  
6076 W. TIRANA LANE  
DUNNELLON, FL 34433

SUBJECT: LORELIE LEBRUN, P.A.  
Ref. Number: P06000050033

We have received your document for LORELIE LEBRUN, P.A. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson  
Document Specialist Supervisor

Letter Number: 110A00026486

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Lorelie LeBrun PA  
Name of Corporation

**DOCUMENT NUMBER:** PDB 0000 50033

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lorelie LeBrun  
Name of Contact Person

Lorelie LeBrun PA  
Firm/Company

6076 W TIRANA LANE  
Address

Dunnellon FL 34433  
City/State and Zip Code

lorelielebrun@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lorelie LeBrun at 407 925-7971  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Lorelie LeBrun PA  
2. The principal office address: 6076 W TIRANA LANE  
DUNNELLON FL 34433  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: Apr 4, 2006 Document number: PD6 0000 50033

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Lorelie LeBrun  
820 Wesley Circle #202  
Apopka FL 32703

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

LORELIE LeBRUN  
6076 W. TIRANA LANE  
DUNNELLON, FL 34433

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Lorelie LeBrun Lorelie LeBrun, President  
Signature of an officer or director Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Lorelie LeBrun 12.15.10  
Signature of Registered Agent Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314